

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90020 002 \*\*\*150.00

**DOCUMENT # 169154**

1. Entity Name  
**WELLS MOTOR CO**



Principal Place of Business  
**1600 US 27 S  
AVON PARK, FL 33825 US**

Mailing Address  
**1600 US 27 S  
AVON PARK, FL 33825 US**



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0700426</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WELLS, STANLEY H.  
1600 US 27 S  
AVON PARK, FL 33825**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELLS, KENNETH S. 2600 W. SEVILLE DR. AVON PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, JANE H LAKE LILLIAN DR. AVON PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, STANLEY H AZALIA DR AVON PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, KENNETH R LAKE LILLIAN DR. AVON PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, SARAH J 2435 LAKE LILLIAN DR AVON PARK, FL 33825
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-07 863-453-6644